

STATEMENTS OF FACTS SUPPORTING ELIGIBILITY FOR KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT (Kin-GAP) PROGRAM: *The legal guardian should complete in ink all questions to the left of the heavy black line with information about the child for whom they are the legal guardian. If there are multiple children, one form per child should be completed.*

① Child Name

② ☐ Male ☐ Female

③ Address

④ Birth date

⑤ Birthplace

⑥ Social Security #

Applied For?

☐ Yes ☐ No

⑦ Citizen of U.S.?

☐ Yes ☐ No

⑧ Alien Status:

⑨ Does the child have medical insurance?

☐ Yes ☐ No

If yes, list policy number, company name, and name of policy:

⑩ Does the child have real or personal property?

☐ Yes ☐ No

If yes, list property type (land, cash, auto, motorcycle, life insurance, trust fund, bank account, bond, etc.) and its value:

⑪ Does the child have income? ☐ Yes ☐ No ☐ Unknown*
If yes, list amounts below. If application pending, check associated box.

INCOME TYPE	AMOUNT	PENDING
Social Security		<input type="checkbox"/>
Child Support		<input type="checkbox"/>
Railroad Retirement		<input type="checkbox"/>
SSI/SSP		<input type="checkbox"/>
Veteran's Benefits		<input type="checkbox"/>
Salary/Wages		<input type="checkbox"/>
Other (specify)		<input type="checkbox"/>
Total Amount/Month		<input type="checkbox"/>

* If unknown, please explain:

⑫ Name of School or Training Program:

⑬ If child has salary/wages, is the child attending school at least half-time? ☐ Yes ☐ No

⑭ Does the child have an Independent Living Program Plan? ☐ Yes ☐ No

⑮ Does the child attend school on a full-time basis? ☐ Yes ☐ No

COMPLETE BELOW FOR CHILDREN 17 AND OLDER

⑯ Expected graduation/completion before 19th birthday? ☐ Yes ☐ No

ELIGIBILITY WORKER ONLY

☐ APPLICATION
☐ REDETERMINATION

CASE NAME

CASE NUMBER

VERIFICATION

AGE

SOCIAL SECURITY NUMBER

CITIZENSHIP/ALIEN STATUS

DHS 6155 ☐

CHILD'S PROPERTY

CHILD'S INCOME/PENDING INCOME

ILP

VERIFIED BY SCHOOL **YES**

SCHOOL ATTENDANCE ☐

GRADUATION ☐

- (17) Does this child have a child(ren) of his/her own? ☐ Yes ☐ No
- (18) Do you have guardianship of the child which was granted by a California court? ☐ Yes ☐ No

Directions: Complete number 19 when applying for aid or if there are any changes in this information since the last time you completed this form.

(19) PARENTAL INFORMATION			
Name	PARENT 1	PARENT 2	PARENT 3
Relationship			
Maiden Name			
Date of Birth			
Birthplace			
Social Security #			
Address			
Telephone #			
U.S. Citizen (yes or no)			
Veteran (Branch, Years in Service, Serial #)			

LEGAL GUARDIAN:
I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.

SIGNATURE OF LEGAL GUARDIAN

COUNTY WHERE SIGNED

DATE

SIGNATURE OF ELIGIBILITY WORKER

DATE

SIGNATURE OF ELIGIBILITY WORKER SUPERVISOR

DATE

VERIFICATION

GUARDIANSHIP VERIFIED

CHILD SUPPORT REFERRAL

☐ NOT ELIGIBLE

☐ ELIGIBLE

☐ FEDERAL

☐ NONFEDERAL

☐ OTHER

RELEASE OF INFORMATION

You and any member of your family for whom you are applying for aid must give us a Social Security Number(s) (SSN). The SSN(s) are needed to determine your eligibility. Failure to cooperate may result in denial or discontinuance of aid. Authority: **Welfare and Institutions Code, Section 11268.**